



Time Sheet for Monthly Temporary Assignment

Company _____
 Address _____
 Name of Applicant _____ ID Number _____
 Bank & A/C Number _____
 For the month of _____

| Day | Date | Start Time | Lunch Hour | End Time | Overtime | Day | Date | Start Time | Lunch Hour | End Time | Overtime |
|-----|------|------------|------------|----------|----------|-----|------|------------|------------|----------|----------|
| Mon | | | | | | Mon | | | | | |
| Tue | | | | | | Tue | | | | | |
| Wed | | | | | | Wed | | | | | |
| Thu | | | | | | Thu | | | | | |
| Fri | | | | | | Fri | | | | | |
| Sat | | | | | | Sat | | | | | |
| Sun | | | | | | Sun | | | | | |
| Mon | | | | | | Mon | | | | | |
| Tue | | | | | | Tue | | | | | |
| Wed | | | | | | Wed | | | | | |
| Thu | | | | | | Thu | | | | | |
| Fri | | | | | | Fri | | | | | |
| Sat | | | | | | Sat | | | | | |
| Sun | | | | | | Sun | | | | | |
| Mon | | | | | | Mon | | | | | |
| Tue | | | | | | Tue | | | | | |
| Wed | | | | | | Wed | | | | | |
| Thu | | | | | | Thu | | | | | |
| Fri | | | | | | Fri | | | | | |
| Sat | | | | | | Sat | | | | | |
| Sun | | | | | | Sun | | | | | |

Total Working Day(s): _____ Total Overtime Hour(s): none

I/We hereby certify that the total hours shown above were satisfactorily worked and that payment will be made upon receipt of relevant invoice (s).

Client's Signature _____ Name/Position _____

Official Use Only